

**State of Illinois
COVID-19 Integrated Form/Peel Off Label Test Form
Request for Proposals**

DUE: September 25, 2020 at 12:00 p.m. CST

Background

The Illinois Department of Public Health (IDPH) is soliciting proposals from vendors to provide labels for COVID-19 testing vials. IDPH conducts COVID testing multiple locations (20+) in the state, collecting around 6,000 tests per day on average. Each COVID 19 test performed requires a one-inch by one-inch peel off label to be applied to a small lab testing vial. IDPH is seeking proposals for multiple label production scenarios as provided in this Request for Proposal (RFP) to facilitate IDPH's operational needs/decision making. Proposals can be provided for one or all of the different scenarios described below.

The IDPH reserves the right to award contracts under this RFP for printing services after reviewing submitted proposals, reviewing state-wide logistical needs, and determining how individual vendor practices, connectivity, and locations best achieves IDPH's operational and logistical needs. In determining if the proposal matches the state-wide logistical needs, the IDPH will review the vendor submissions to ensure they match IDPH's needs as identified in the specifications provided below as well as the pricing. IDPH has not finalized the form of the label printing and will do so based on the proposals and pricing received. IDPH reserves the right to award this contract to vendors doing business in the State of Illinois.

The vendor(s) selected will be expected to provide the services proposed for the duration of the contract term, which is anticipated to be three (3) months from contract execution. At IDPH's discretion, the contract may be extended.

Key Dates

September 21, 2020:	RFP released
September 22, 2020:	All questions from prospective vendors due by 1:00 PM CST Submit via email to Vicki.Wilson@illinois.gov
September 23, 2020:	Answers to questions from prospective vendors posted on http://www.dph.illinois.gov/rfp/covid-19-integrated-form-rfp
September 25, 2020:	Submissions due by 12:00 PM CST via email to Vicki.Wilson@illinois.gov
September 28, 2020:	Estimated contract award

Scenario 1: Label Printing Stock Containing 2 Peel Off Labels per Sheet, No Printing

IDPH is looking to secure label printing stock (8.5 x 11 sheet) for the State's laboratory test requisition form, containing two peel-off labels, with an expected volume of 6,000 (current) to 15,000 (expected expansion) per day. Printing stock with labels should be matte white as the labels will be used for bar code printing and scanning. Vendor will be responsible for shipping to one or more printing locations within the State of Illinois. The design for the integrated lab form with two peel off labels is contained in

Appendix A. Additional specifications are contained in Appendix B. Note – It is preferred that the sheets be moisture proof to minimize problems due to temperature changes and other environmental issues that may affect the sheets when printing.

Scenario 2: Label Printing Stock Containing 2 Peel Off Labels per Sheet and Printing the State's Laboratory Test Requisition Form with 2 Vial Bar Codes

IDPH is looking to secure 8.5 x 11 pre-printed integrated lab test forms containing two peel-off labels, with an expected volume of 6,000 (current) to 15,000 (expected expansion) per day. Form and labels should be matte white as the labels will be used for bar code printing and scanning. Vendor will be responsible for printing IDPH's desired content on the 8.5 x 11 sheets. The peel-off labels on each page would be printed with a bar code and test number assigned from a central software package, EPIC, which is hosted by OSF Healthcare, one of IDPH's COVID testing partners. Printers must be connected to VPN services via VPN hardware specified by IDPH. To access the printer, a VPN connection will need to be established between OSF Healthcare and vendor's network. An IDPH designated employee would then generate the necessary print jobs on the printers at the vendor site and provide instructions on where to ship each carton of forms.

Vendor will provide specific integrated form/label stock, print necessary documents, and ship the final printed documents to multiple locations within the State of Illinois, which may include testing sites, laboratories or a centralized distribution location. The design for the integrated lab form with two peel off labels is contained in Appendix A. A mock-up finished printed form is shown in Appendix C. Additional specifications are provided in Appendix B. Note – It is preferred that the sheets be moisture proof to minimize problems due to temperature changes and other environmental issues that may affect the sheets when printing.

Scenario 3: Label Printing Stock Containing 40 Labels per Sheet, No Printing

IDPH is looking to secure peel-off, label printing stock for COVID-19 lab testing vials. Each 8.5 x 11 sheet should be matte white and will contain forty (40) peel-off labels with an expected volume of 6,000 (current) to 15,000 (expected expansion) per day. The number of forms used per day will range between 150 and 375. Allowing for 10% breakage, vendor should supply between 165 (6,600 labels) and 413 (16,520 labels) sheets pages per day.

The design for the page with forty (40) peel off labels is contained in Appendix D. Additional specifications are contained in Appendix E. Note – It is preferred that the sheets be moisture proof to minimize problems due to temperature changes and other environmental issues that may affect the sheets when printing.

Scenario 4: Label Printing Stock Containing 40 Labels per Sheet, with Printing Vial Bar Codes

IDPH is look to secure peel-off, pre-printed labels for COVID-19 lab testing vials. Each 8.5 x 11 sheet should be matte white and will contain forty (40) peel-off labels with an expected volume of 6,000 (current) to 15,000 (expected expansion) per day. With each label form containing forty (40) peel-off

labels, the number of forms used per day will range between 150 and 375. Allowing for 10% breakage, vendor should supply between 165 and 413 form pages per day. The peel off labels on each page would be printed with a bar code and test number assigned from a central software package, EPIC, which is hosted at OSF Healthcare, one of IDPH's COVID testing partners. To access the printer, a VPN connection will need to be established between OSF Healthcare and vendor's network. An IDPH designated employee would then generate the necessary print jobs on the printers at the vendor site and provide instructions on where to ship each cartons of forms.

Vendor will provide specific integrated form/label stock, print necessary documents, and ship the final printed documents to multiple locations within the state of Illinois., which may include testing sites, laboratories or a centralized distribution location. The design for the page with forty (40) peel off labels is contained in Appendix D. Additional specifications are contained in Appendix E. Note – It is preferred that the sheets be moisture proof to minimize problems due to temperature changes and other environmental issues that may affect the sheets when printing.

Scope of Work

For all scenarios described, the vendor must be able to perform the following:

- For vendors providing printing services:
 - Establish VPN connectivity to OSF Healthcare network based on specific methodology.
 - Print integrated lab form/peel off labels based on print jobs generated directly from the EPIC software by IDPH or a designated party.
 - Assure quality of the printed forms to ensure bar codes and fields are centered appropriately and wholly contained on the peel off labels and all content is legible and visible on the page.
- Procure adequate inventory of the specified form to meet demand and shipping lead time.
- Ship to up to five (5) multiple sites within the State of Illinois with cartons to arrive within 24 to 48 hours order submittal.
- Begin supplying requested sample labels/forms by September 30, 2020 and production level printing by October 12, 2020.
- Scale services to accommodate up to 15,000 tests per day, depending on length and severity of the COVID 19 pandemic.

Additional requirements:

- Vendor is responsible for recruitment of all staff and staffing and personnel costs associated with required services to the State.
- Vendor is responsible for purchasing all paper stock, printers, printing supplies, and other ancillary supplies necessary to provide services.
- Vendor is responsible for all shipping costs.

Directions

Proposals must be submitted along with pricing. However, the pricing portion of the proposals must be submitted as a separate, clearly marked attachment using the attached Pricing Tool (see Attachment 1).

The pricing portion will be evaluated separately from the written portion of the proposals. The written portion of the proposal should include:

- Vendor name, vendor's address, and contact person, including work phone, cell phone, and email address;
- If submitting proposals for printing form per Scenario 2 and Scenario 4, description of process to be used to retrieve information printed on form; and
- Description of plans for increasing operations capacity from 6,000 sheets per day to 15,000 sheets per day.

Vendors may elect to provide a proposal for one or all of the scenarios described. However, IDPH reserves the right to award a contract to a single vendor who can perform all requested options over a vendor who can only provide one option.

Proposals must be submitted via email by 12:00 p.m. CST on September 25, 2020 to:

Vicki Wilson
Deputy Director – Finance and Administration & CFO
Illinois Department of Public Health
Vicki.Wilson@illinois.gov

Additional Information

Vendor Selection

IDPH will evaluate proposals in order to make one or more awards depending on whether the proposal has been submitted for one or all options. Vendors may engage sub-contractors to perform part or all of the proposal; however the award will only be made to the vendor that can fulfill all the services requested, and partial awards will not be considered. If sub-contractors are to be engaged, the vendor must include a complete list of all subcontractors, their addresses, and a description of their proposed work in the proposal.

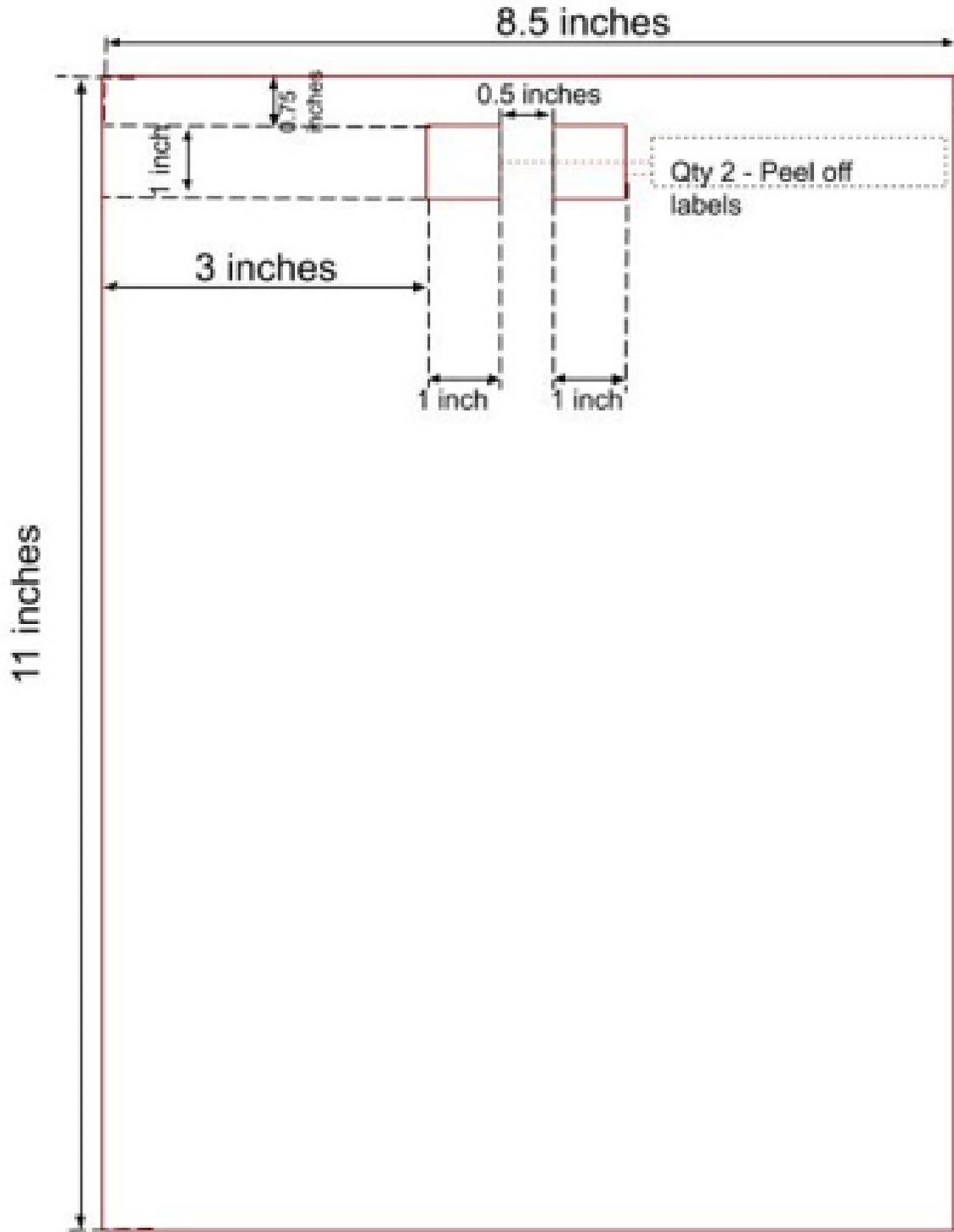
IDPH reserves the right to award contract(s) under this Request for Proposal (RFP) for label form services after reviewing submitted proposals, reviewing state-wide logistical needs, and determining how individual printing practices best achieve IDPH's operational and logistical needs. In determining if the proposal matches the state-wide logistical needs, IDPH will review the vendor's explanation of services to ensure it matches IDPH's needs as identified in the Scope of Work as well as the pricing proposal.

In determining how well vendors meet the responsiveness requirements, IDPH ranks proposals without consideration of price, from best to least qualified using a point ranking system (unless otherwise specified) as an aid in conducting the evaluation. Vendors who receive fewer than the minimum required points will not be considered for award.

If IDPH does not consider the price to be fair and reasonable, and negotiations fail to meet an acceptable price, IDPH reserves the right to cancel the award and take appropriate action to meet the

needs of IDPH. IDPH determines whether the price is fair and reasonable by considering the offer, including the vendor's qualifications, the vendor's reputation, all prices submitted and other known pricing, the budget allotted for the services, and other relevant factors.

Appendix A
Integrated Lab Form With Peel Off Labels Design and Mock Up Example



**Appendix B
Additional Specifications**

Integrated Form / Label for IL Covid Testing Sites	
Page Size:	8.5 inches wide by 11 inches long
Integrated Label Quantity:	2
Integrated Label Size:	1 inch by 1 inch
Printer Type:	Laser
Color	Matte White
Temperature Range:	-30 degrees to +140 degrees fahrenheit
Quantity Used Per Day:	6,000 to 15,000 depending on test volume. Each tested patient consumes one page.

Appendix C Sample Printed Form

Testing Site: _____

COVID-19 Testing Request Form

STATE OF ILLINOIS

(Print using upper case letters)



LAB USE ONLY



Bar Code .4"		
JOB		
PIN		

Bar Code .4"		
JOB		
PIN		

Patient ID Number: _____

PATIENT INFORMATION

PATIENT'S NAME

Pregnant

Yes No UNK

Language Preference

English
 Spanish
 Other _____

BIRTHDATE

Race

White Asian/Pacific Islander
 African American/Black Other
 Native American Unknown

Ethnicity

Hispanic
 Non-Hispanic

Sex

Male
 Female

Insurance Status – Choose 1 Medicare TRICARE Medicaid Other Health Insurance No Health Insurance

STREET ADDRESS (Include apartment/suite number) _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

TEST INFORMATION

DATE COLLECTED _____

TIME COLLECTED _____

SYMPTOM ONSET DATE _____

ONLY ONE (1) SAMPLE PER FORM

ICD-10 CODE

SPECIMEN SOURCE TYPE

Nasopharyngeal Swab Nasal Swab
 Pharyngeal Swab Oropharyngeal Swab

R05 Cough R50.9 Fever
 R06.02 Shortness of Breath Z20.828 Contact with and suspected exposure to viral communicable disease
 Other

SUBMITTER INFORMATION

SUBMITTER PHONE NUMBER _____

FAX NUMBER FOR REPORTING RESULT _____

FAX REQUESTED

Yes No

SUBMITTER'S NAME _____

STREET ADDRESS (Include apartment/suite number) _____

CITY _____

STATE _____

ZIP CODE _____

NPI _____

CONTACT PERSON _____

PHYSICIAN NAME _____

Check if FQHC intends to file a claim for full encounter with patient's coverage; no specimen collection fee

INSURANCE INFORMATION

POLICY HOLDER NAME _____

MEMBER ID NUMBER _____

GROUP ID _____

INSURANCE PROVIDER _____

INSURANCE BEGIN DATE _____

INSURANCE END DATE _____

STREET ADDRESS (Include apartment/suite number) _____

CITY _____

STATE _____

ZIP CODE _____

RELATIONSHIP TO INSURED (Self, Spouse, Other) _____

INSURANCE COMPANY PHONE NUMBER _____

FACILITATOR ATTESTATION

Attestation for use by COVID-19 Testing Facilitator submitting a COVID-19 testing application/claim on behalf of a patient.

I, _____ attest that, on the date listed on this form, I am assisting the patient listed on this form in completing the COVID-19 testing form and applying for state or federal reimbursement for providing the test.

I attest that, before starting my assistance, I asked the patient if I had their approval to gather this information for submission to the Illinois Department of Healthcare and Family Services and the patient verbally gave their approval.

COVID-19 Testing Facilitator's signature _____

Date Signed _____

**Appendix E
Additional Specifications**

Integrated Form / Label for IL Covid Testing Sites	
Page Size:	8.5 inches wide by 11 inches long
Integrated Label Quantity:	40
Integrated Label Size:	1 inch by 1 inch
Printer Type:	Laser
Color	Matte White
Temperature Range:	-30 degrees to +140 degrees Fahrenheit
Quantity Used Per Day:	Each page shall contain 40 labels. IDPH will consume between 165 and 413 pages per day at current estimates